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ABSTRACT

A model has been developed for using role play in the supervision and training of hypnotherapy. Specific techniques can be role played by trainee and supervisor which can enable the trainee to develop skill and confidence in the use of hypnotic techniques. Hypnotic induction, listening, observing and providing feedback, relaxation, problem-solving, cognitive restructuring, and metaphor can all be role played, with the supervisor taking on the role of the hypnotherapist and the trainee taking on the role of the client. In addition, role play can be used to help the trainee to gain mastery of a new technique or to unblock the work with a particular patient. Role play also permits exploration of transference and countertransference. Finally, the trainee may use the role play experience to foster his/her own growth and development since role play constitutes in vivo experience. (Author/NB)

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The Use of Role Play in the Training of Hypnotherapy

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The Use of Role Play in the Training of Hypnotherapy

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This paper presents a model for using role play in the supervision and training of hypnotherapy. Specific techniques can be role played by trainee and supervisor to enable the trainee to develop skill and confidence in the use of hypnotic techniques. For example, hypnotic induction, listening, observing and providing feedback, relaxation, problem-solving, cognitive retructuring and metaphor can be role played.

In addition role play can be used to help the trainee to gain mastery of a new technique or to unblock the work with a particular patient.

Role play also permits exploration of transference and countertransference.

Finally, the trainee may use the role play experience to foster his/her own growth and development since role play constitutes in vivo experience.

Just as the integration of theory and practice is important in teaching and learning of psychotherapy skills, so is the integration of theory and practice important in the teaching and learning of hypnotherapy skills. Once the hypnotherapist has mastered the skills of hypnotic induction, s/he must master the integration of psychotherapy skills and hypnotherapy strategies while utilizing trance. Certainly this complicated task requires good rapport between hypnotherapist and client. In addition, it is important that the hypnotherapist listen to what the client is saying, observes what the client is doing, and provide feedback to the client. Finally, the hypnotherapist must be able to use positive suggestion and cognitive retructuring techniques, among others.

The literature suggests that psychotherapy skills can be taught and practiced. Carkhuff (1969) made use of role-play sequences in which the therapist simulates a client. He believed that this approach would foster empathy, warmth, regard and expression of feelings. An alternate approach, described by Naar (1974) focused on the therapist talking about a real life problem without role-play. Weiss (1976) contrasted these approaches and found no significant outcome between the two approaches. Both seemed useful in teaching psychotherapy. Corsini (1974) described how to utilize

role play in therapy that deals with cognitive, behavioral and emotional aspects of problems since role-play involves all these functions. In acting out a problem, one acts, feels and thinks at the same instant. The major theoretical advantage of role-play in therapy is that the patient operates holistically, not partially. It appeared to me that for these same reasons, role-play of hypnotherapy situations would also be advantageous in training of hypnotherapy.

Based on 30 workshops where I have utilized role-play to concretize a particular technique or to help a hypnotherapist to work through a block in treatment, role-play was effective. The hypnotherapist gained mastery of a new technique or was able to unblock the work with a particular patient. This paper will focus on the use of role-play in the training of the hynotherapist.

Role-play In Learning Specific Techniques With A Cooperative Client

The following six techniques are used in role play of hypnotherapy.

1. Hypnotic Induction: The supervisor takes on the role of the hypnotherapist and provides a hypnotic induction procedure. The supervisee takes on the role of the client and simulates entering hypnosis. Frequently, the supervisee actually enters hypnosis.

2. Listening, Observing, Providing Feedback: The supervisor takes on the role of the therapist and assumes a position of listening to the client. In harmony with listening, the therapist observes and shares both what h/she has heard and observed with the client. Listening, observing and providing feedback are critical tasks in both psychotherapy and hypnotherapy.

3. Relaxation: The supervisor takes on the role of the therapist and actively instructs the client to relax, using progressive relaxation instructions, comfortable guided imagery and encouraging the client to develop comfortable imagery on his/her own.

4. Problem-solving: The supervisor encourages the client to engage in problem-solving behavior, i.e., to clearly define the problem, to brainstorm about solutions, to dream about aspects of the problem, to act as if the familiar were unfamiliar, and to rehearse solutions in fantasy.

5. Cognitive Restructuring: The supervisor encourages the client to think about the problem in a different way, to look at it from a different perspective with a different meaning. Thus losing weight may be thought of as an active positive goal of mastery, rather than loss.

6. Metaphor: The supervisor encourages the client to describe the problem as if it were a physical object that could be manipulated. Thus, a writing block may be described as an actual road block on the expressway. Thinking and talking about it as a physical object facilitates solutions, e.g., finding ways to remove the road block.

Role-play In Learning To Unblock Therapy

Participants at the workshop are asked to present a patient whom they feel is blocked. The volunteer is asked to role-play that client and I assume the role of the hynotherapist. The volunteer gives a brief history of the client's problem, identifying characteristics

and specific therapy goals, any information from medical or psychological tests and where the client is in treatment. After this brief presentation, the volunteer assumes the role of the client and we begin to interact as therapist and client. During a typical ten minute role-play, the client is able to move beyond the block. After the role-play, I conduct a debriefing where we discuss what happened, what changes were made, what techniques were used. The volunteer discusses his/her reactions to the hypnotherapist and the interventions that occurred.

Frequently the volunteer discovers during the course of the role-play that the block was really not the client's block, but the therapist's. In effect, the therapist may have not been responding to the client's concerns and communication had broken down. Or the therapist may have been too focused on his/her own goals without respect to the client's goals which may be different. Or the therapist was moving too quickly for the client. Role-play clarified these issues as well as any other counter-transference problem.

Some volunteers find that the problem lies in pacing. The client may need some training in anxiety reduction before working on insights. The role-play

clarifies any problems in pacing of suggestions, images, tasks. Starting where the patient is, rather than imposing possibly impossible demands, is important.

Some volunteers spontaneously present a problem from their own life. This phenomenon occurs when the volunteer is motivated to overcome some block in his/her own life. Rather than role-play, this situation constitutes in vivo experience. The fact that the experience is labeled role-play enables the person to present a real life problem without anyone's knowledge that this is for real until the role-play is complete.

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Footnotes

1. This paper was presented at the annual meeting of the American Psychological Association in Los Angeles California, August, 1985.

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